



NORFOLK COUNTY COUNCIL.

Annual Report

OF THE

County Medical Officer of Health

AND

SCHOOL MEDICAL OFFICER

(J. T. C. NASH, M.D., C.M., D.P.H.)

FOR THE YEAR

1917.

Report of the School Medical Officer.

School Medical Officer's Report for 1917.

Area of Administrative County of Norfolk, 1,300,503 acres.
No. of Elementary Schools, 495. No. of Scholars, 50,878.

1. Ordinary routine Medical Inspection of Entrants and Leavers and other age groups continued in abeyance, all the Medical Inspectors and the permanent clerical staff being on War Service.

2. The School Dentist continued his work in the early months of the year until he, too, was called up for active service. (A tabular statement of his work is appended).

3. The S.M.O. is the County Medical Officer of Health. He has no Deputy or Assistant Medical Officer: moreover considerable demands have been made on his time and services by the County War Pensions Committee, but he endeavours to keep alive school medical work with the assistance of two temporary ~~medical~~ clerks (female) to deal with the correspondence, etc.

4. In the course of visits to 69 Schools (generally in connection with the control of outbreaks of infectious diseases or to see mentally deficient children, or by special request) the S.M.O. had the majority of the children in attendance under review, in all he more or less medically inspected 3,450 children and referred for treatment individual children as follows:—

Malnutrition	...	14	Adenoids	...	31
Verminous Heads	...	19	Tonsils and Adenoids	...	15
Uncleanliness of Body	...	8	Enlarged Nasal Turbinates	...	27
Ringworm	...	2	Defective Speech...	...	3
Scabies...	...	17	Anæmia and Debility	...	4
Impetigo	...	6	Pulmonary Tuberculosis	...	2
Other Skin Diseases	...	8	„ „ (suspected)	...	4
Defective Vision	...	117	Enlarged, Cervical Glands	...	11
External Eye Disease	...	13	Deformities	...	6
Defective Hearing	...	27	Mental Deficients	...	28
Ear Disease	...	12	Other Defects	...	53
Enlarged Tonsils	...	33			

5. The whole-time School Nurse (Miss Bullock) continued to discharge her duties as hitherto. In addition she took notes of children at the Schools she visited as to children with defective vision, or mouth breathers, etc., and reported them to the S.M.O. She made 9,985 examinations and re-examinations. In all she visited 258 schools and paid 86 Home Visits.

Her work was chiefly concentrated on Ringworm and Scabies. In common with other areas there was a large increase in this last named contagious disease, chiefly attributable, in the first instance, to visits from soldiers on leave.

6. A larger use was made during the year of nurses of the Norfolk Nursing Federation and other Associations, more especially in connection with applications from Teachers as to Verminous Conditions. Some part of the work in connection with Ringworm, Scabies, and Impetigo was also deputed to these nurses.

A Tabular Statement of the Nurses' Work is here given.

NURSING WORK.

SCHOOL NURSE:—

Children inspected and re-inspected...	...	9985
Homes Visited	...	86
Parents present	...	246
Number of Visits made to Schools	...	258

FEDERATION NURSES :—

Number of children who were inspected and re-examined by Federation Nurses during
144 Visits to Schools.

Pediculosis	...	...	...	...	3718
Ringworm	...	...	...	...	101
Other Defects	...	...	...	...	46

Included in the above number, the Federation Nurses visited 32 Schools where the heads of all children present were examined. Of the 2,170 children examined, 464 were found to be suffering from pediculosis and 85 from Ringworm.

OTHER (NON-AFFILIATED) NURSES :—

Number of children who were followed up by Nurses other than Federation Nurses making 15 visits to Schools.

Pediculosis	...	...	...	...	590
Ringworm	...	...	...	...	6
Other Defects	...	...	...	...	42

Under the heading of Other Defects the majority were cases of Impetigo and Scabies. A few cases of Otorrhœa and Blepharitis were also seen. All the above were remedied by the Nurses under the instructions of the School Medical Officer.

Prosecutions were instituted in four instances where parents persistently neglected to carry out instructions for ridding their children of Vermin. Resulting in 3 fines of 2/6 and one fine of 5/-. Four other prosecutions were adjourned.

7 VISION DEFECTS AND PROVISION OF SPECTACLES.—86 Vouchers were issued to doctors on the Committee's list for the testing of visional defects by the method of refraction. As a result :—

72 Spectacles prescribed for were provided by the Committee.

1 " " " " " privately

3 cases were referred for an ophthalmologist's opinion

7 cases were reported as not requiring glasses.

3 cases still outstanding

In addition to the above, I, as S.M.O., personally examined 63 children by the Shadow Test (under atropin) and in all these cases spectacles were provided through the Committee. In addition spectacles for 7 other cases (prescribed for by their own doctors privately), were procured through the Committee. The total number of spectacles provided by the Committee was thus 142 in 1917 (as compared with 108 in 1916) at a total cost of £27 9s, 6d. including voucher fees and makers' contract charges. In nearly every case some small contribution was made by the parents.

8. OPERATIONS for Tonsils and Adenoids.

Forty operations were performed under vouchers at a cost of £69 6s. 0d. including Anæsthetist's fees

A further 16 cases were dealt with under the arrangements made with the West Norfolk and Lynn Hospital—the Committee's contribution to the Hospital being £10. Total operations for Tonsils and Adenoids, 56.

One operation for Tonsils and Adenoids was performed at Cromer Cottage Hospital.

9. LABORATORY WORK.

I examined myself, with the microscope, 248 specimens of hair submitted by the nurses. 205 definitely showed the presence of the Ringworm Fungus, 25 were definitely negative. No spores were found in the remaining specimens, but otherwise they were unhealthy hairs. No charge was made by me.

Throat Swabs—

49 swabs were sent to King's College Laboratory.

Reported Positive	...	...	...	...	2
„ Hofmann	...	...	...	...	11
„ Negative	...	...	...	...	36
Cost £7 7s. 0d.					

10. BLIND AND DEAF CHILDREN ACT.

Three children were certified as deaf and 3 as blind within the meaning of the Act. Four deaf Norfolk children and 4 blind Norfolk children were accommodated in East Anglian Home at Gorleston during 1917.

CASES OF HIGH MYOPIA—On my advice special desks have been provided for 7 children suffering from a high degree of myopia. There are other cases of high myopia but we have been informed that no more desks can be supplied at present.

Two cases of early Pulmonary Tuberculosis were sent to the Sanatorium for children at Holt and 3 children admitted in 1916 were in residence during 1917 also. One case was in for only a month, her removal being requested because she developed whooping cough. The average length of stay was $4\frac{1}{2}$ months during 1917, for children in residence from January 1st to December 31st, average cost per case in 1917 was £17 4s. 6d. After discharge the children were seen by me a few months later and in all the cases I found that the improvement in the children's health was being maintained—the parents as far as possible continuing the regulated mode of life and feeding. In cottage homes it is not easy to ensure a proper continuance of appropriate feeding and open-air principles. The Education Committee does not provide food or “Shelter,” and in some cases there is no suitable position for a shelter even were one available. Three cases recommended for admission to the Children's Sanatorium, await beds.

The cases admitted during 1916 were kept under observation. None have relapsed up to the present.

11. SCABIES—The County at large has seen a great increase of this contagious affection commonly known as “the itch.” It is probably generally contracted in the first instance from soldier relatives home on leave—at any rate inquiries show in almost every instance that a soldier had visited home shortly before the affection was noticed in the family. Whether they were aware that they themselves were infected or that they were affecting their families I cannot say. In many instances the people did not seem to know what they were suffering from, and too often attributed the rash to “war bread,” sometimes on the suggestion of a prescribing chemist, who is, of course not qualified for “diagnosis.” This mischievous ignorance combined with an assumption of knowledge not possessed, no doubt led to several cases occurring in a family which might have been limited to an individual had proper advice been sought or available.

Owing to difficulties of treatment in cottage homes in the country, many children were absent from school for a long period extending to weeks and months, even when under medical supervision. In such cases I approached the doctors offering the assistance of the School nurse in securing effective treatment under their directions. By these means the duration of absence from school was shortened in several cases. A second whole-time school nurse could easily be fully occupied in connection with these cases.

This disease has naturally received considerable attention from military medical officers, and I am informed that a method similar to that of Dr. Adamson has proved the most effective of many tried. It seems to have been quicker in its results in the school cases on which we have tried it, but in view of the fact that many soldiers are carrying this parasitic disease about with them, I prefer to defer a considered opinion on the matter.

12. INFECTIOUS DISEASES—The method instituted in 1908 of Teachers notifying both to the S.M.O. and the District M.O.H. cases of infectious or supposed infectious or contagious diseases was continued. These notifications among nearly 500 schools account for considerable correspondence and administrative action. The Measles Registers kept at the schools continue to prove of much value in assisting the S.M.O. to advise judiciously in each individual outbreak. The old method of promiscuously closing village schools because a few cases of measles have occurred has been entirely superseded. Fewer closures were required in 1917 than in the preceding year. Measles and Whooping Cough are the two forms of infectious disease which call for closure more than any other, especially as regards infant schools and classes. A short closure for a week to cover the period when secondary cases are expected often proves efficacious in controlling the spread of the disease. In some instances it merely postpones or lengthens out the wave incidence.

In dealing with chicken pox I exclude only actual sufferers for a week, as observation during the course of years has assured me that the state of infectivity in this disease ceases within a week, and indeed that (like measles) it is very infective before the rash appears so that before the child is excluded it has already infected others. Consequently secondary cases will occur notwithstanding the exclusion of other members of the family.

In cases of German Measles also I exclude only actual sufferers as the cases arise.

Both these affections are generally very mild ; moreover, both have long incubation periods, and wholesale exclusions merely interfere with Educational requirements without any compensating advantage.

These methods of dealing with these affections are contrary to the orthodox cut and dried methods but I have every reason to be satisfied that they are sound, and they are founded on a study of the natural history of each disease. Naturally to administer advice as to measures of control on these lines involves considerable time and trouble and attention to much detail, but it will be noted that both in 1916 and 1917 only one school was closed for German Measles and only one for chicken pox. Incidentally I do not allow these comparatively unimportant diseases to interfere unduly with education, and since on my advice other members of infected families are not excluded for three weeks before they develop the disease and for two weeks subsequently—considerable economy in the saving of grant is also secured.

CLOSURES OF SCHOOLS AND DEPARTMENTS IN 1917 IN CONNECTION WITH INFECTIOUS DISEASES.

Disease	1 week or under.	2 weeks.	3 weeks.	4 weeks.	5 weeks.	6 weeks.	7 weeks.	8 weeks.	Total No. of Closures (Schools and Departments)
Measles ...	3	1	6	4	1				15
Diphtheria ...	2	2	1	1					6
Whooping Cough	1	2	3	3	2	1			12
Scarlet Fever ...		4							4
Influenza ...	1	2							3
Mumps ...		5		3					8
Mixed Infections	1	2							3
Colds and Coughs		1							1
German Measles			1						1
Sore Throats ...			1						1
Totals	8	19	12	11	3	1	0	0	54*

* N.B.—10 of the above were Closures of Departments only.

Of the above Closures 48 (including 10 Departments only) were advised by the School Medical Officer; 5 were advised by the District Medical Officers of Health, with the subsequent approval of the S.M.O.; and 1 by the Managers, which was subsequently approved by the S.M.O.

EXCLUSION OF CHILDREN.

(a) STATEMENT ON NUMBER OF CHILDREN, INCLUDING CONTACTS, TEMPORARILY EXCLUDED AND RE-EXCLUDED FROM SCHOOL DURING 1917.

Infectious Diseases—

Diphtheria	...	...	262	Influenza	...	...	26
Typhoid Fever	...	...	3	Coughs and Colds	...	...	133
Mumps	...	...	1023	Sore Throats	...	...	57
Chicken Pox	...	...	342	Whooping Cough	...	...	796
Scarlet Fever	...	...	224	German Measles	...	...	325
Measles	...	...	270	Cerebro Spinal Fever	...	...	3
Other Rashes	...	...	33				

Contagious Affections—

Ringworm of scalp (until rules are complied with)	...	...	207	Scabies	...	...	244
Pediculosis	...	...	266	Ringworm (body)	...	...	42
Eczema	...	...	13	Impetigo	...	...	326

Other Diseases (generally from Certificate issued by Family Doctor)—

Lung Affections (not tubercle)	22	Rheumatism	...	...	6
Tuberculosis—Pulmonary*	6	Chorea	...	...	10
Glandular	3	Anæmia	...	...	29
Osseus	2	Mental Deficiency	...	...	6
Abdominal	1	Debility, general	...	...	50
Doubtful	9	Otorrhœa	...	...	3
Enlarged Glands	30	Infantile Paralysis	...	...	6
Tonsilitis	23	Enteritis and gastritis	...	...	21
Epilepsy	9	Accidents	...	...	6
Rickets	3	Malnutrition	...	...	2
Septic Cases	48	Swabbed	...	...	8
Heart Disease	4	Other Affections	...	...	101
Eye affections	41				
Spinal Curvature	6				
Jaundice	11				

* Includes Suspected Cases.

In addition on 3 occasions complete classes were excluded owing to measles.

(b) PARTICULARS OF PERMANENT EXCLUSIONS ISSUED IN 1917

Mental Deficiency	...	...	11	Poliomyelitis	...	...	1
Lung Affections (not tubercle)	1	Blind	...	...	...	...	2
Epilepsy	...	...	6	Debility, Anæmia	...	...	6
Tuberculosis—Pulmonary	...	...	4	Heart Disease	...	...	2
Puberty Changes	...	...	2	Diabetes	...	...	1

Total Permanent Exclusions during the year = 36

MISCELLANEOUS WORK DONE BY THE SCHOOL MEDICAL OFFICER IN 1917.

During 1917 the S.M.O. examined several candidates for Pupil in Teacherships, and Nursing Training, and also supervised medical certificates sent in by other candidates.

MENTALLY DEFECTIVE CHILDREN.

5 children were notified to the Local Authority under the Mental Deficiency Act of 1913, during 1917.

Under the BLIND AND DEAF ACT—
3 children were certified as deaf, and
3 as blind within the meaning of the Act.

THE WORK OF THE SCHOOL DENTIST (MR. A. A. SUMPTER, L.D.S.)

No. of Schools inspected ... 23

I.—DENTAL INSPECTION.

No. of Children inspected.	Result of Inspection.			Ages of Children Inspected.				No. of Children treated.
	Teeth all sound.	Less than four decayed.	Four or more decayed.	6-7	7-8	8-9	Other Ages.	
BOYS ... 133	—	41	92	26	28	15	64	133
GIRLS ... 159	—	62	97	31	34	21	73	159
Total ... 292	—	103	189	57	62	36	137	292

No. of Schools where treament has taken place = 67

II.—DENTAL TREATMENT (292 Children).

Treatment.							Local Anæsth. used.	Scaling and Other.	Dressing AgNO ³	Extractions.		Ages of Children treated.			
Fillings.			Permanent Teeth.							Temp. Teeth.	Permt. Teeth.	6-7	7-8	8-9	Other Ages
Temporary Teeth. Amal. Cemt. Othr.	Amal.	Cemt.	Othr.	Amal.	Cemt.	Othr.									
BOYS	—	—	AgNO ³ 470	100	—	—	15	19	4	287	17	26	28	15	64
GIRLS	2	—	486	76	—	5	30	67	4	381	30	29	32	25	71
Total	2	—	956	176	—	5	45	86	8	668	47	55	60	40	135

In round figures only 35 per cent. of the children inspected had less than four teeth decayed, while 65 per cent. had four or more teeth decayed. All children inspected required treatment and were treated.

J. T. C. NASH.

Appendix.

NORFOLK EDUCATION COMMITTEE.

*Education Department,
Shirehall, Norwich.*

MINOR DEFECTS IN CHILDREN.

HINTS FOR THE ASSISTANCE AND GUIDANCE OF HEAD TEACHERS.

Routine School Medical Inspection being in abeyance, the following notes have been drawn up by the School Medical Officer to guide Teachers in detecting some defects which should secure amelioration. The attention of the Local Care Committee should be called to any cases discovered, so that they may be "followed up": particulars should also be sent to this Office.

I. Defective Eyesight may be suspected when a child

- (1) In back row cannot read what is written on the blackboard;
- (2) Cannot tell the time by the clock at a little distance;
- (3) Fails to keep to the lines when writing;
- (4) Misses out small words when reading;
- (5) Habitually holds a book nearer to the eyes than 12 inches when reading;
- (6) Complains that the letters run into one another;
- (7) Squints, even if only occasionally;
- (8) Complains of tiredness of the eyes or of frontal headache after reading or sewing.

II. Defective Hearing is often present when the child

- (1) Is a mouth breather;
- (2) Has a "running" ear;
- (3) Looks stupid and does not answer questions addressed in an ordinary voice though otherwise intelligent.

Such a child should be tested for deafness by a forced whisper, beginning at 20 feet and gradually lessening the distance until the "forced whisper" is heard. Report the distance at which this is heard.

III. Inflammation of the Eyelids, with scabs or discharge from the eyes, should receive attention from a Doctor.

IV. Earache. This should always receive attention from a Doctor.

V. Gumboils. These should receive attention from a qualified Dentist.

VI. Enlarged Tonsils and Adenoids may be suspected when a child

- (1) Is stated to snore, or breathes noisily during sleep or when eating;
- (2) Is a mouth breather—open mouth;
- (3) Is frequently troubled with nasal discharge;
- (4) Becomes deaf when it has a cold.

VII. Loss of Flesh and frequent Cough should receive attention from a Doctor. These symptoms may be due to many different causes and are by no means peculiar to consumption.

VIII. Heart Disease should be suspected if a child

- (1) Is always pale;
- (2) Has palpitation and shortness of breath on exertion;
- (3) Is blue in the face.

IX. Rheumatism. Children who often have sore throats and "growing pains" should be suspected of Rheumatism. They require to see a Doctor.

INFECTIOUS AND CONTAGIOUS DISEASES.

Hints on these have already been provided in Appendix XIV. of the Handbook of Elementary Education (1913)

Attention is drawn to the importance of early notifying to the School Medical Officer the first case of any illness amongst the scholars.

Notifications on the official form (I.D. No. 1) can be sent by half-penny post, if no letter is sent.

J. T. C. NASH, M.D.,

Chief School Medical Officer.